PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE lection of information unless it displays a valid OMB control number. Reduction Act of 1995, no persons are required to respond to a co TRADE! Application Number 10/712.498 Filing Date TRANSMITTAL November 12, 2003 First Named Inventor **FORM** Fuk Chai Alvin Wai Art Unit 3712 Examiner Name U.M. Cegielnik (to be used for all correspondence after initial filing) Attorney Docket Number **MAT 316** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC IXI Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Kolisch Hartwell, P.C. Signature Printed name Charles H. DeVoe Reg. No. Date 37,305 December 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with

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Josi Bridges

Date December 27, 2004

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Fees part BADE Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
				Application No	umber	10/712,498				
FEE TRANSMITTAL For FY 2005				Filing Date		November 12, 2003				
				First Named I	nventor	Fuk Chai Alvin Wai				
Applicant	Examiner Nar	ne	U. M. Cegielnik							
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3712				
TOTAL AMOUNT OF PAYMENT		(\$) 1,350.00		Attorney Docket No.		MAT 316				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILI		NG FEES Small Entity	SEAR	CH FEES Small Entity Fee (\$)	EXAN Fee	/INATION Small (\$) Fee	Entity	Fees Pa	id (\$)	
Utility	. 300	150	500	250	200					
Design	200	100	100	50	130					
Plant	200	100	300	150	160	•				
Reissue	300	150	500	250	600	•				
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 26 100 100 180										
Total Claims	Extra C			Paid (\$)			ent Claims			
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4. OTHER FEE	(S)						•	<u>Fee</u> :	Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)										
Other:										
SUBMITTED BY () (A // (A) //										
Signature	Ourle	_K D		Registration No. (Attorney/Agent)	42,25	7	Telephone	(503) 22	4-6655	
								ember 27, 2004		

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